FORM 3

Use Only

FE5AN01B

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED FEC MAIL CENTER

om 2015 APR 24 AM 9: 48

FEC FORM 3 (Revised 02/2003)

				e Only'
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	פאינתמונק
FRIENDS; OF, PHIL, W	YMAN COMMITTEE,	<u> </u>	1111111	<u> </u>
<u> </u>			. _ _ _ _ _ _ _ _ _ 	
ADDRESS (number and street)			<u> </u>	
Check if different	P.O., Box, 66,	5		<u>i i 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1</u>
than previously reported. (ACC)	тенаснарі		CA 93581	_ 0665
2. FEC IDENTIFICATION I	IUMBER ▼	CITY	STATE	ZIP CODE A STATE ▼ DISTRIC
(C) 0 0 2 5 7 9 1		THIS XX NEW EPORT (N) OR	AMENDED (A)	
4. TYPE OF REPORT (0 (a) Quarterly Reports:	Choose One) (b) 12	-Day PRE -Election Report for the	ne:	gazzigi,
XX a April 15 Quarter	y Report (Q1)	Primary (12P)	General (12G)	Runoff (12R)
July 15 Quarterly	/ Report (Q2)	Convention (12C)	Special (12S)	
October 15 Qua	rterly Report (Q3)	lection on	A A A A A A A A A A A A A A A A A A A	in the State of
January 31 Year	-End Report (YE) (c) 30	O-Day POST-Election Report for	r the:	
		General (30G)	Runoff (30R)	Special (30)
Termination Rep	· · · ·	Election on	D STATE OF THE STA	in the State of
5. Covering Period	Ol many ol page 2	0 1 ja through	## 31 December 2	0 1 5
I certify that I have examine Type or Print Name of Trea		est of my knowledge and belief KOVACH	it is true, correct and con	mplete.
Signature of Treasurer	Robert 4.	Kovach	Date = 4	/8 ' 2 0 1
NOTE: Submission of false,	етопеоиs, or incomplete info	ormation may subject the person	signing this Report to the p	penalties of 2 U.S.C. §4
Office	1	\ \		